## PART B - FEE(S) TRANSMITTAL

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600 Atlantic Av Boston, MA 02 10/25/2004 WABDELR3 (	rer, Ph.D. d & Sacks, P.C. renue 210	52		2 Ca	ertificate of Mailing or Transi his Fee(s) Transmital is being with sufficient postage for firs il Stop ISSUE FEE address PTO (703) 745/4000, on the de	deposited with the United t class mail in an envelope above, or being facsimile the indicated below.  (Depositor's name)
02 FC:1504 300	0.00 DA			10/30	104	(Date)
APPLICATION NO.	FILING DATE	F	IRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/695,152 TITLE OF INVENTION	10/27/2003 N: ELECTRODEIONIZATION	APPARATUS AND	Li-Shian METHOD	g Liang	I0168.70059US02	6474
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	nonprovisional NO		-\$1370	\$300	<del>-\$1630</del> \$1670	10/29/2004
Е	ART UNIT		CLASS-SUBCLASS	1		
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CFR 1.363).  Change of corresp Address form PTO/S  "Fee Address" ind PTO/SB/47; Rev 03-Number is required	ication (or "Fee Address" Indica 02 or more recent) attached. Us	Correspondence tion form e of a Customer	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)			
	aless an assignee is identified by th in 37 CFR 3.11. Completion				nee is identified below, the do	cument has been filed for
(A) NAME OF ASS						
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  USFilter Corporation  Warrendale, Pennsylvania						
Please check the approp	riate assignee category or catego	ries (will not be prir	ited on the p	atent); 🗆 individual 🗶 🗖	corporation or other private gro	up entity
4a. The following fee(s)	are enclosed:		Payment of	**		
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NOTE: The Issue Fee a interest as shown by the	TO is requested to apply the Issued Publication Fee (if required) vecords of the United States Pater	will not be accepted:	from anyone	y) or to re-apply any previousle other than the applicant; a reg	y paid issue fee to the applicati istered attorney or agent; or the	on identified above. assignee or other party in
(Authorized Signature)	The said			20, 2004		
This collection of informan application. Confider submitting the complete this form and/or sugges Box 1450, Alexandria, Alexandria, Virginia 22	nation is required by 37 CFR 1.3 ntiality is governed by 35 U.S.C d application form to the USPT tions for reducing this burden, sl Virginia 22313-1450. DO NOT 313-1450.	11. The information 122 and 37 CFR 1. O. Time will vary d rould be sent to the SEND FEES OR CO	is required to the second test of the second test o	to obtain or retain a benefit by lection is estimated to take 12 son the individual case. Any contaction Officer, U.S. Patent and FORMS TO THIS ADDRESS	the public which is to file (and be minutes to complete, including symments on the amount of time Trademark Office, U.S. Departs. SEND TO: Commissioner for	gathering, preparing, and e you require to complete tment of Commerce, P.O. r Patents, P.O. Box 1450,

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DOCKET NO.: I0168.70059US02

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Li-Shiang Liang et al.

10/695,152

Confirmation No.:

6474

Filed:

October 27, 2003

For:

**ELECTRODEIONIZATION APPARATUS AND METHOD** 

Examiner:

Arun S. Phasge

Art Unit:

1753

## CERTIFICATE OF MAILING UNDER 37 C.F.R. \$1.8(a)

The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 223/3-1450, on the day of October, 2004.

> Christine A irdner

Mail Stop Issue Fee **Commissioner For Patents** P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith are the following documents:

- Fee Transmittal Form; and
- Return Receipt Postcard.

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 646-8000, Boston, Massachusetts.

No check is enclosed. If any further fee is required, the Commissioner is hereby authorized to charge Deposit Account No. 500214. A duplicate of this sheet is enclosed.

Respectfully submitted,

By:

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Docket No.: I0168.70059US02

Date: October 20, 2004